

FOR ADMINISTRATIVE USE ONLY

Date Stamp Here:

APPLICATION FOR EMPLOYMENT

CITY OF AUBURN ADMINISTRATIVE SERVICES DEPARTMENT

1225 LINCOLN WAY

AUBURN, CA 95603

Telephone: (530) 823-4211

Fax: (530) 823-4209

Web Site: www.auburn.ca.gov

PLEASE READ THE MINIMUM QUALIFICATIONS SECTION ON THE JOB ANNOUNCEMENT BEFORE COMPLETING THIS APPLICATION. YOU MAY ATTACH A RESUME BUT MUST ALSO COMPLETE THE ENTIRE CITY APPLICATION. INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED.

Faxed Applications will not be accepted



TITLE OF POSITION APPLYING FOR:

NAME

FIRST:

MIDDLE:

LAST:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

Home Phone: () -

Alternative Phone: () -

Email Address:

Some positions require possession of a valid California's Driver's License, Class C or higher

State:

Number:

Class:

Expiration Date:

Endorsements/
Restrictions:

Are you a current employee of the City of Auburn?

☐ Yes

☐ No

If YES, indicate class title, department and start date:

Are you a former employee of the City of Auburn?

☐ Yes

☐ No

If YES, indicate class title, department and dates worked:

Reason for leaving:

Have you ever worked under a different name? If YES, what name?

☐ Yes

☐ No

Do you have immediate family currently employed by the City of Auburn? If YES, please list the employee's name, department and relationship to you:

☐ Yes

☐ No

Have you ever been fired, of poor performance or misconduct:

1. Been fired from a job, let go, or had a work contract terminated?

2. Quit a job after being informed that you were under suspicion of misconduct, poor performance, or after being informed you could receive disciplinary action?

3. Been advised that you would be rejected, released, or not hired permanently after a trial period?

☐ Yes

☐ No

If YES, please indicate name of employer, date of event and explain the circumstances.

Have you ever been convicted of any crime?

☐ Yes

☐ No

(Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based on job requirements)

You may OMIT the following: Minor Traffic violations, Any misdemeanor offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law. Any incident sealed under Welfare & Institutions Code §781 or Penal Code §1203.45, Any offenses committed under Health & Safety Code §11357 (b) or (c); §11360 (c); §11364, §11365 or §11550 as related to marijuana prior to 1/1/1976 or any other conviction mentioned in Labor Code §432.8.

If YES, state date, charge, place, court and action taken [excluding post-trial diversion programs under Labor Code §432.7(a),(j)] in the space below:

EDUCATION AND EXPERIENCE

High School Education. Are you a High School Graduate or have you passed a GED or High School Proficiency Test?

☐ Yes ☐ No

COMPLETED
SEMESTER
UNITS

TYPE OF DEGREE
RECEIVED

NAME OF COLLEGE, UNIVERSITY, BUSINESS, TRADE OR
SERVICE SCHOOL (Include City and State)

COURSE OF STUDY

CURRENT PROFESSIONAL LICENSE/CERTIFICATES

NUMBER

ISSUE DATE

EXPIRATION DATE

WORK EXPERIENCE				
THIS SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME. PLEASE GIVE DETAILS ON THE EXPERIENCE YOU BELIEVE MEETS THE MINIMUM REQUIREMENTS FOR THIS RECRUITMENT. USE ADDITIONAL SHEETS AS NECESSARY. PLEASE BEGIN WITH YOUR MOST RECENT EXPERIENCE.				
From: Month Year	To: Month Year	JOB TITLE:	Hours Per Week:	
EMPLOYER:		DUTIES:		
ADDRESS/PHONE NUMBER:				
SUPERVISOR NAME:		SUPERVISOR TITLE:		
REASON FOR LEAVING:		NO. SUPERVISED:	SALARY: \$ per	
From: Month Year	To: Month Year	JOB TITLE:	Hours Per Week:	
EMPLOYER:		DUTIES:		
ADDRESS/PHONE NUMBER:				
SUPERVISOR NAME:		SUPERVISOR TITLE:		
REASON FOR LEAVING:		NO. SUPERVISED:	SALARY: \$ per	
From: Month Year	To: Month Year	JOB TITLE:	Hours Per Week:	
EMPLOYER:		DUTIES:		
ADDRESS/PHONE NUMBER:				
SUPERVISOR NAME:		SUPERVISOR TITLE:		
REASON FOR LEAVING:		NO. SUPERVISED:	SALARY: \$ per	
From: Month Year	To: Month Year	JOB TITLE:	Hours Per Week:	
EMPLOYER:		DUTIES:		
ADDRESS/PHONE NUMBER:				
SUPERVISOR NAME:		SUPERVISOR TITLE:		
REASON FOR LEAVING:		NO. SUPERVISED:	SALARY: \$ per	
From: Month Year	To: Month Year	JOB TITLE:	Hours Per Week:	
EMPLOYER:		DUTIES:		
ADDRESS/PHONE NUMBER:				
SUPERVISOR NAME:		SUPERVISOR TITLE:		
REASON FOR LEAVING:		NO. SUPERVISED:	SALARY: \$ per	
CONDITIONS OF EMPLOYMENT Before date of hire, applicant must pass a medical examination which includes drug screening and possibly a psychological evaluation, sign a constitutional oath, and submit proof of U.S. Citizenship or legal right to remain and work in the U.S. Applicants may also be required to submit proof of age, undergo a background check, be bonded, and/or be fingerprinted. Before you submit an application to the Administrative Services Department, recheck your application to ensure that it is correct and complete. Thank you for your interest in employment with the City of Auburn.				
The City may obtain public records (limited to records of arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) for employment purposes. Please check the appropriate box (check one box only) <input type="checkbox"/> I hereby elect to receive any public records, which may be obtained by the City of Auburn for employment purposes under Civil Code 1786.53 <input type="checkbox"/> I hereby elect NOT to receive any public records, which may be obtained by the City of Auburn for employment purposes under Civil Code 1786.53				
I hereby certify that all statements made in connection with this application are complete and true to the best of my knowledge. I also authorize the City of Auburn to verify any information contained in this application. I understand that falsification of any information on this application may result in rejection of the application or termination from employment if hired.				
SIGNATURE OF APPLICANT _____			DATE _____	

VOLUNTARY STATISTICAL INFORMATION QUESTIONNAIRE
DO NOT DETACH (Please print or type)

City of Auburn is asking all applicants to complete this form in order to comply with Federal Equal Employment Opportunity law requirements. This information will be detached from your application and will only be available for research and statistical purposes, and only to authorized personnel. Your cooperation in providing this information is essential to the success of the research and evaluation program and will NOT be used in any phase of the examination and selection process. Please understand that you have the option of providing or not providing the information requested below.

POSITION TITLE: _____ **FILING DEADLINE:** _____

GENDER: Male (M) ☐ Female (F) ☐

AGE: Are you over 40 years of age? Yes ☐ No ☐

DISABILITY: Are you a person with a disability? Yes ☐ No ☐

ETHNIC ORIGIN: The following ethnic categories have been identified by the Equal Employment Opportunity Commission (EEOC). *Please check **one space only** for the ethnic category you most closely identify with.*

- ☐ **American Indian:** Persons descended from the original people of North America, including American Indians, Aleuts, and Eskimos, who identify themselves or are known as such by virtue of tribal association or community recognition.
- ☐ **Asian:** Person of Chinese, Indo-Chinese, Japanese, or Korean descent.
- ☐ **Black:** Persons of African descent (including Black persons with a Spanish surname) as well as those persons identified as Jamaican, Trinidadian, and West Indian.
- ☐ **Caucasian:** Persons of Indo-European descent except those included in other groups.
- ☐ **Filipino:** Persons of Filipino descent.
- ☐ **Hispanic:** Persons of Mexican, Latin American, Spanish or Portuguese descent.
- ☐ **Pacific Islander:** Persons of Polynesian descent who are not included in any other group.
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RECRUITMENT RESEARCH: *Indicate how you learned about this recruitment (check only one).*

- | | |
|--|--|
| <input type="checkbox"/> City of Auburn Website | <input type="checkbox"/> Other Website, please specify |
| <input type="checkbox"/> Auburn Journal | <input type="checkbox"/> California Job Journal |
| <input type="checkbox"/> Reno Gazette | <input type="checkbox"/> Job Fair/Trade Show |
| <input type="checkbox"/> Jobs Available | <input type="checkbox"/> Sacramento Bee |
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Trade or Professional Publication |
| <input type="checkbox"/> Newspaper other than those listed above | <input type="checkbox"/> Other, please specify |